

OCT 18 2011

Kesha WoodwardFederal Communications Commission
Office of the Secretary

From: Mariano Herrera [MHerrera@newarkpreschool.org]
Sent: Friday, October 14, 2011 11:39 AM **CC: 02-6**
To: Kesha Woodward
Cc: Susan Chaberski; Lakeeyah Gore
Subject: Newark Preschool Council - Request of Appeal / Waiver - E-Rate Grant
Follow Up Flag: Follow up
Flag Status: Red
Attachments: E_RATE APPLICATION_2011.pdf; E_RATE_ADM._DECISION_APPEAL_LETTERS.pdf

Dear Ms. Woodward,

Please, as behalf of Newark Preschool Council Inc., consider this email as a formal request for appeal/waiver. As presented in the supporting document attached, we Newark Preschool Council submitted a Form 471 with Universal Service Administrative Company (USAC), which was responded as denied, the reason of this denial as stated in the attached supporting documents was the following: **Funding Year 2011 – Form 471 Postmarked outside the Window, (letter from USAC dated July 11, 2011 attached)**. In effect of this, we proceeded to request an appeal with USAC (**letter from Ms. Susan Chaberski, Director of Finance, dated July 21, 2011 attached**), which was answer from USAC with a course of action to follow with the Federal Communication Commission (FCC) (**letter from USAC dated August 11, 2011 attached**). As per federal regulation requirements established, appeals and/or waivers are only considered and approved by the Federal Communication Commission (FCC).

In order to fulfill our application with the USAC, we Newark Preschool Council, as stated before in this paragraph and reiterate again, are proceeding by this approach in make an official request an of a waiver. Please, if you have any questions or concerns related to this situation; do not hesitate in any time in contact me. I will be more than glad in hear back from you with a solution related to this matter. Thanks in advance for your time, effort and courtesy!

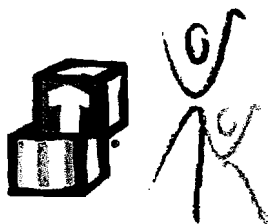
Truly yours,

Mariano Herrera

Senior Accountant
Newark Preschool Council, Inc.
Ten Park Place-Fourth Floor
Newark, NJ 07102
973.848.5018 Phone
973.848.1993 Fax
mherrera@newarkpreschool.org

No. of Copies rec'd 0+1
List ABCDE

10/17/2011



NEWARK PRESCHOOL COUNCIL, INC.

Jacqueline Crawford, Executive Director

Patrick Council, Board President

July 21, 2011

USAC

Schools and Libraries Div. – Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054-0685

Re: Form 471 Application Number: 798087
Applicant: Newark Preschool Council, Inc.
BEN: 15350304

Dear Sir/Madame:

Please consider this letter a formal request to appeal the denial of our Form 471 Application Number 798087. As you have indicated, you have received the Funding Year 2011 Form 471 Postmarked Outside of Window Letter. The responsible party to complete this application was on maternity leave and unfortunately it was filed outside of the filing window. We are respectfully requesting that you consider this appeal to accept the application filed.

For any further information please contact me at (973) 848-5017 or e-mail schaberski@newarkpreschool.org.

Thank you for your time and consideration.

Sincerely,


Susan Chaberski
Director of Finance

Preparing Children and Families for Tomorrow . . . Today!

Ten Park Place, Fourth Floor • Newark, New Jersey 07102 • (973) 848-5000 • Fax (973) 621-6051 • www.newarkpreschool.org

FCC Form 471

Approval by OMB
3060-0806**Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471**

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.
Please read instructions before beginning this application. (You can also file online at www.usac.org/si.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)	Form 471 Application #: 798087 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p>1 Name of Billed Entity NEWARK PRE SCHOOL COUNCIL HEAD START PROGRAM</p><p>2 Funding Year 2011</p><p>3a Entity Number 15350304</p><p>3b FCC Registration Number 0016076226</p><p>4a Street Address, P.O. Box, or Route Number 10 PARK PLACE 4TH FLOOR</p><p>City NEWARK State NJ Zip Code 07102-</p><p>4b Telephone Number</p><p>4c Fax Number</p><p>5a Type of Application (check only one)</p><div style="margin-left: 20px;"><input type="radio"/> Individual School (individual public or non-public school)</div><div style="margin-left: 20px;"><input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</div><div style="margin-left: 20px;"><input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)</div><div style="margin-left: 20px;"><input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)</div><div style="margin-left: 20px;"><input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply)</div><div style="margin-left: 40px;"><input type="checkbox"/> All public schools/districts in the state</div><div style="margin-left: 40px;"><input type="checkbox"/> All non-public schools in the state</div><div style="margin-left: 40px;"><input type="checkbox"/> All libraries in the state</div><p>5b Recipient(s) of Services:</p><div style="margin-left: 20px;"><input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter</div><div style="margin-left: 20px;"><input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> State Agency</div></div><div style="width: 35%;"><p>Entity Number: 15350304</p><p>Contact Person: Susan Chaberski</p></div></div>	
Block 1: Billed Entity Address and Identifications (continued)	
<p>6a Contact Person's Name Susan Chaberski</p> <p>If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.</p> <p>6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 10 PARK PLACE 4TH FLOOR</p> <p>City NEWARK State NJ Zip Code 07102-</p> <p>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.</p> <div style="margin-left: 20px;"><input type="checkbox"/> 6c Telephone Number</div> <div style="margin-left: 20px;"><input type="checkbox"/> 6d Fax Number</div> <div style="margin-left: 20px;"><input checked="" type="checkbox"/> 6e E-Mail Address Re-enter E-mail Address</div> <p>6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address</p> <p>If a consultant is assisting you with your application process, please complete Item 6g below:</p> <p>6g Consultant Name Name of Consultant's Employer Consultant's Street Address</p> <p>City State Zip Code Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number</p>	

Entity Number: 15350304		Applicant's Form Identifier:	
Contact Person: Susan Chaberski		Contact Phone Number:	
Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.			
Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.			
Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471			
		Schools	Libraries
7a	Number of students or patrons to be served	1781	0
b	Telephone service: Number of classrooms or rooms with phone service	117	0
c	Direct connections to the Internet: Number of drops	120	0
d	Number of classrooms or rooms with Internet access	50	0
e	Number of computers or other devices with Internet access	120	0
f	Number of dial-up Internet access and other connections of up to 200 kbps:	30	0
g	High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	0
		At or greater than 1.5 mbps and less than 3 mbps	27
		At or greater than 3 mbps and less than 10 mbps	3
		At or greater than 10 mbps and less than 25 mbps	0
		At or greater than 25 mbps and less than 50 mbps	0
		At or greater than 50 mbps and less than 100 mbps	0
	Greater than 100 mbps	0	0
Block 3:			
8 [Reserved]			

Entity Number: 15350304										Applicant's Form Identifier:				
Contact Person: Susan Chaberski										Contact Phone Number:				
Block 4: Discount Calculation Worksheet										Worksheet - 1326241 Page 1 of 1				

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Administrator's Use)

School District or Library System Name:										School District or Library System Entity Number:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Conc. Instruct.	Admin. Entity or NIF	Alt. Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
NEWARK PRESCHOOL COUNCIL	16021654	U	0	0	0.000%	90			N	0				
ALBERT BEY	16021656	U	30	30	100.000%	90			N	2700				
NEWARK PRESCHOOL COUNCIL ACADEMY	16053798	U	137	137	100.000%	90	N	N	N	12330				
WISO MMM ADELAIDE L SANFORD CHARTER SCHOOL	16045903	U	90	90	100.000%	90			N	8100				
AUDREY WEST	16021658	U	90	90	100.000%	90			N	8100				
BROADWAY MINI MALL	16021663	U	48	48	100.000%	90			N	4320				
CARMEL TOWERS	16021667	U	40	40	100.000%	90			N	3600				
OUR SAVIOR	16021673	U	30	30	100.000%	90			N	2700				
REDEEMER	16021675	U	30	30	100.000%	90			N	2700				
GREATER ABYSSINIAN	16021683	U	30	30	100.000%	90			N	2700				
HENRIETTA KING	16021684	U	15	15	100.000%	90			N	1350				
HYATT COURT	16021686	U	15	15	100.000%	90			N	1350				
IGA	16021687	U	30	30	100.000%	90			N	2700				
MT. CALVARY	16021692	U	30	30	100.000%	90			N	2700				
MT. ZION	16021695	U	30	30	100.000%	90			N	2700				
NAZARENE	16021696	U	30	30	100.000%	90			N	2700				
SHARPE JAMES	16021701	U	60	60	100.000%	90			N	5400				
ST. LUCYS	16021703	U	45	45	100.000%	90			N	4050				
ST. LUKES	16021704	U	30	30	100.000%	90			N	2700				
ST. STEPHAN'S	16021705	U	30	30	100.000%	90			N	2700				
ST. THOMAS	16021706	U	30	30	100.000%	90			N	2700				
STUYVESANT	16021707	U	60	60	100.000%	90			N	5400				
TRINITY BAPTIST	16021718	U	50	50	100.000%	90			N	4500				
UNIFIED VILLSBURG	16021719	U	29	29	100.000%	90			N	2610				
EDNA R. THOMAS	16041854	U	45	45	100.000%	90			N	4050				
TELEPHONE HEIGHTS	16041857	U	32	32	100.000%	90			N	2880				
177 CENTRAL AVE	16041881	U	90	90	100.000%	90			N	8100				
PROVIDENCE BAPTIST	16041884	U	35	35	100.000%	90			N	3150				
ZION HILL	16041890	U	30	30	100.000%	90			N	2700				
444 CENTRAL AVE	16041928	U	45	45	100.000%	90			N	4050				
METROPOLITAN	16041933	U	75	75	100.000%	90			N	6750				
SINAI	16041935	U	17	17	100.000%	90			N	1530				
ST. FRANCIS	16041961	U	156	156	100.000%	90	N	N	N	14040				
E. T. BOWSER	16041963	U	27	27	100.000%	90			N	2430				
PENNINGTON COURT	16041966	U	15	15	100.000%	90			N	1350				
ROSEVILL PRESBYTERIAN	16041969	U	30	30	100.000%	90			N	2700				
MT. PLEASANT	16041978	U	28	28	100.000%	90			N	2520				
ELM ST.	16042013	U	30	30	100.000%	90			N	2700				
THE CENTRE	16042016	U	60	60	100.000%	90			N	5400				
TERRELL HOMES	16042019	U	15	15	100.000%	90			N	1350				
NCP AT 177 CENTRAL AVENUE	16064771	U	90	90	100.000%	90	N	N	N	8100				
NCP AT JUDITH DIGGS	16064772	U	60	60	100.000%	90	N	N	N	5400				
NCP AT QUEEN OF ANGELS	16064773	U	34	34	100.000%	90	N	N	N	3060	H			

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	1923									173070				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 15350304		Applicant's Form Identifier:			
Contact Person: Susan Chaberski		Contact Phone Number:			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 5 FRN 2238844 (to be assigned by administrator)			
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access </td> <td style="width: 50%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </td> </tr> </table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations	
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections				
12 Form 470 Application Number 989510000907815		Recurring Charges A. Monthly charges (total amount per month for service) \$18,000.00 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$18,000.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$216,000.00			
13 SPIN – Service Provider Identification Number 143001362					
14 Service Provider Name Verizon New Jersey Inc					
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number MTM					
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		Non-Recurring Charges F. Annual non-recurring charges \$0.00 G. How much of the amount in F is ineligible? \$0.00 H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$0.00			
16a Billing Account Number (e.g., billed telephone number) TBD					
16b <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.					
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/08/2011					
18 Contract Award Date (mm/dd/yyyy)		Total Charges I. Total funding year pre-discount amount (E + H) \$216,000.00 J. Discount from Block 4 Worksheet 90.00 K. Funding Commitment Request (I x J) \$194,400.00			
19 Service Start Date (mm/dd/yyyy) 07/01/2011					
20a Service End Date (mm/dd/yyyy) 06/30/2012					
20b Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.					
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1326241			

Entity Number: 15350304		Applicant's Form Identifier:																												
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10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:																														
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13 SPIN – Service Provider Identification Number 143001197																														
14 Service Provider Name Verizon Business Global LLC																														
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	18 Contract Award Date (mm/dd/yyyy)								
19 Service Start Date (mm/dd/yyyy) 07/01/2011									
20a Service End Date (mm/dd/yyyy) 06/30/2012									
20b Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.									
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1326241							

Entity Number: 15350304	Applicant's Form Identifier:
Contact Person: Susan Chaberski	Contact Phone Number:

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23i on all Block 5 Discount Funding Requests.)	306000
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	275400
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	30600
d Total budgeted amount allocated to resources not eligible for E-rate support	30600
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	61200

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☒ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

27 ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

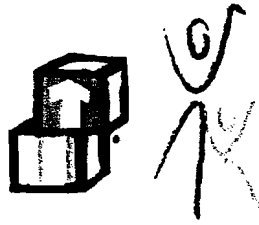
Entity Number: 15350304		Applicant's Form Identifier:	
Contact Person: Susan Chaberski		Contact Phone Number:	
Block 6: Certification and Signature (Continued)			
<p>31 <input checked="" type="checkbox"/> I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.</p> <p>32 <input checked="" type="checkbox"/> I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.</p> <p>33 <input checked="" type="checkbox"/> I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.</p> <p>34 <input checked="" type="checkbox"/> I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.</p> <p>35 <input checked="" type="checkbox"/> I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).</p> <p>36 <input checked="" type="checkbox"/> I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).</p> <p>37 <input checked="" type="checkbox"/> I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.</p>			
38 Signature of authorized person <input checked="" type="checkbox"/>		39 Date 04/08/2011	
40 Printed name of authorized person			
41 Title or position of authorized person			
<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.			
42a Street Address, P.O. Box, or Route Number			
City			
State Zip Code -			

Entity Number: 15350304		Applicant's Form Identifier:	
Contact Person: Susan Chaberski		Contact Phone Number:	
42b	Telephone Number of authorized Person	Ext.	
42c	Fax Number of Authorized Person		
42d	E-mail Address of authorized Person		
	Re-enter E-mail Address		
42e	Name of Authorized Person's Employer		
<p>NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</p> <p>The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.</p> <p>If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.</p> <p>If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.</p> <p>Please submit this form to: SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026</p> <p>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to: SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100</p>			
FCC Form 471 - October 2010			

Close Print Preview

Previous

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NEWARK PRESCHOOL COUNCIL, INC.

Jacqueline Crawford, Executive Director

Patrick Council, Board President

July 21, 2011

USAC
Schools and Libraries Div. – Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054-0685

Re: Form 471 Application Number: 798087
Applicant: Newark Preschool Council, Inc.
BEN: 15350304


Dear Sir/Madame:

Please consider this letter a formal request to appeal the denial of our Form 471 Application Number 798087. As you have indicated, you have received the Funding Year 2011 Form 471 Postmarked Outside of Window Letter. The responsible party to complete this application was on maternity leave and unfortunately it was filed outside of the filing window. We are respectfully requesting that you consider this appeal to accept the application filed.

For any further information please contact me at (973) 848-5017 or e-mail schaberski@newarkpreschool.org.

Thank you for your time and consideration.

Sincerely,


Susan Chaberski
Director of Finance

Preparing Children and Families for Tomorrow . . . Today!

Ten Park Place, Fourth Floor • Newark, New Jersey 07102 • (973) 848-5000 • Fax (973) 621-4061 • www.newarkpreschool.org



Universal Service Administrative Company

Schools and Libraries Division



**FUNDING YEAR 2011 FORM 471
POSTMARKED OUTSIDE OF WINDOW**

July 11, 2011

Susan Chaberski
NEWARK PRE SCHOOL COUNCIL HEAD START PROGRAM
10 PARK PLACE 4TH FLOOR
NEWARK, NJ 07102

**Re: Applicant's Form Identifier: N/A
Form 471 Application Number: 798087**

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application and/or certification was submitted online or postmarked AFTER the deadline for an application to be considered as filed within the window.

Program rules require us to hold your application pending final review of those applications that were filed within the window. We will post an announcement on the USAC website at www.usac.org/sl once we determine if funding applications that were submitted within the application filing window will fully utilize all the funds available for this Funding Year.

For more information about the processing of pending applications, about funding for applications filed after the close of the filing window or about plans for future funding years, please visit our website or call the Client Service Bureau at 1-888-203-8100.

TO APPEAL THIS DECISION:

If you wish to appeal a decision indicated in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the decision letter and the decision you are appealing:
 - Appellant name,
 - Applicant or service provider name,
 - BEN,
 - Application number 798087 as assigned by USAC,
 - "Funding Year 2011 Form 471 Postmarked Outside of Window Letter,"AND
 - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

USAC

Universal Service Administrative Company
Schools and Libraries Division

Correspondence Unit

30 Lanidex Plaza West

PO Box 685

Parsippany, NJ 07054-0685



TIME SENSITIVE MATERIAL

00136

Susan Chaberski

NEWARK PRE SCHOOL COUNCIL HEAD START PROGRAM

10 PARK PLACE 4TH FLOOR

NEWARK, NJ 07102



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal – Funding Year 2011-2012

August 11, 2011

Susan Chaberski
Newark Pre School Council, Inc.
10 Park Place 4th Floor
Newark, NJ 07102

Re: Applicant Name: NEWARK PRE SCHOOL COUNCIL HEAD
START PROGRAM
Billed Entity Number: 15350304
Form 471 Application Number: 798087
Funding Request Number(s): 2238844, 2238845, 2238846, 2238847, 2238848
Your Correspondence Dated: July 21, 2011

The Universal Service Administrative Company (USAC) received your request for a waiver of the Application Filing Deadline for Funding Year 2011 of the Schools and Libraries Universal Service Support Mechanism.

Federal Communications Commission (FCC) rules do not permit USAC to consider requests for waivers. If you believe there is a basis for further examination of your request, you may file a waiver request with the FCC. You should refer to CC Docket No. 02-6 on the first page of your waiver request to the FCC. If you are submitting your waiver request via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing a waiver request with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division
Universal Service Administrative Company